



MOTOR DRIVERS' FUND APPLICATION FORM

My personal details are:

Name: _____

Address: _____

_____ Postcode: _____

Membership No: _____ Branch: _____

Occupation: _____ Employer: _____

I, _____ apply for membership of the
(insert name)

Motor Drivers' Fund and agree to abide by the rules and to pay 20p (weekly)
or 84p (monthly).

Please take this application form as your authority to collect 20p (weekly) or
84p (monthly).

Signed: _____ Date: _____